

# Leveraging Opportunities for Prevention across the Life-Course: Utilizing Data to Target Risk Factors

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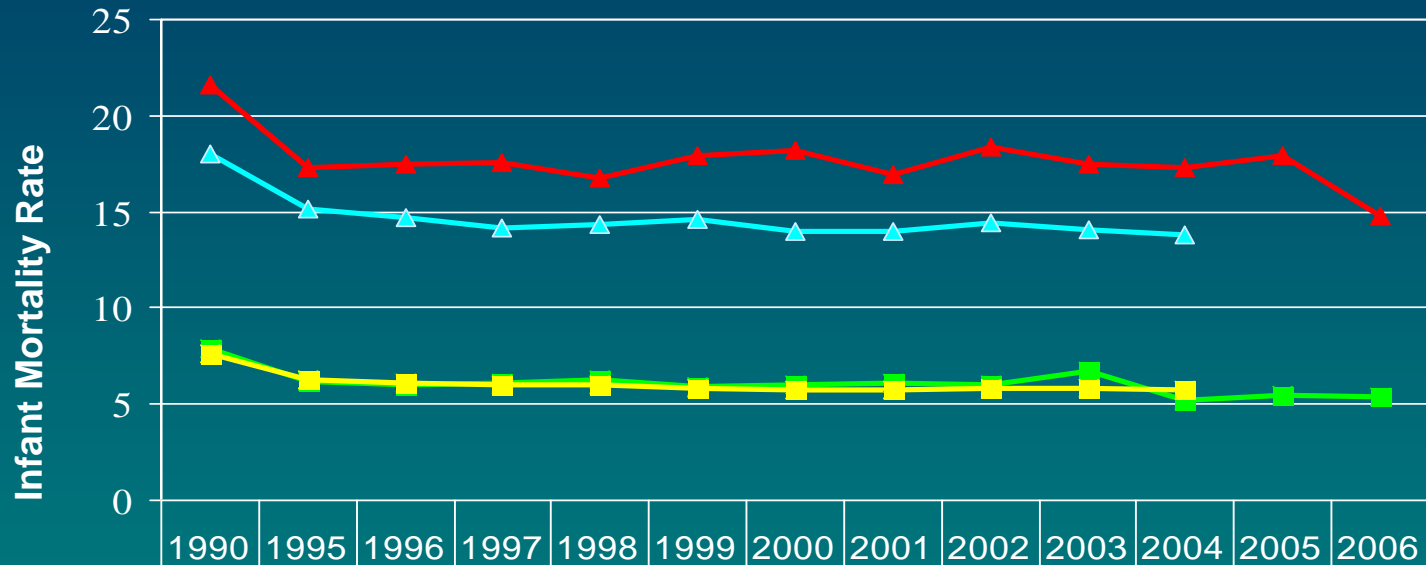


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# Infant Mortality Rate: Indicator of Women's & Infant's Health

## Trend of IMR in Michigan



Black MI	21.6	17.3	17.5	17.6	16.8	17.9	18.2	16.9	18.4	17.5	17.3	17.9	14.8
Black US	18.0	15.1	14.7	14.2	14.3	14.6	14.0	14.0	14.4	14.1	13.8		
White MI	7.9	6.2	6.0	6.1	6.3	5.9	6.0	6.1	6.0	6.7	5.2	5.5	5.4
White US	7.6	6.3	6.1	6.0	6.0	5.8	5.7	5.7	5.8	5.8	5.7		

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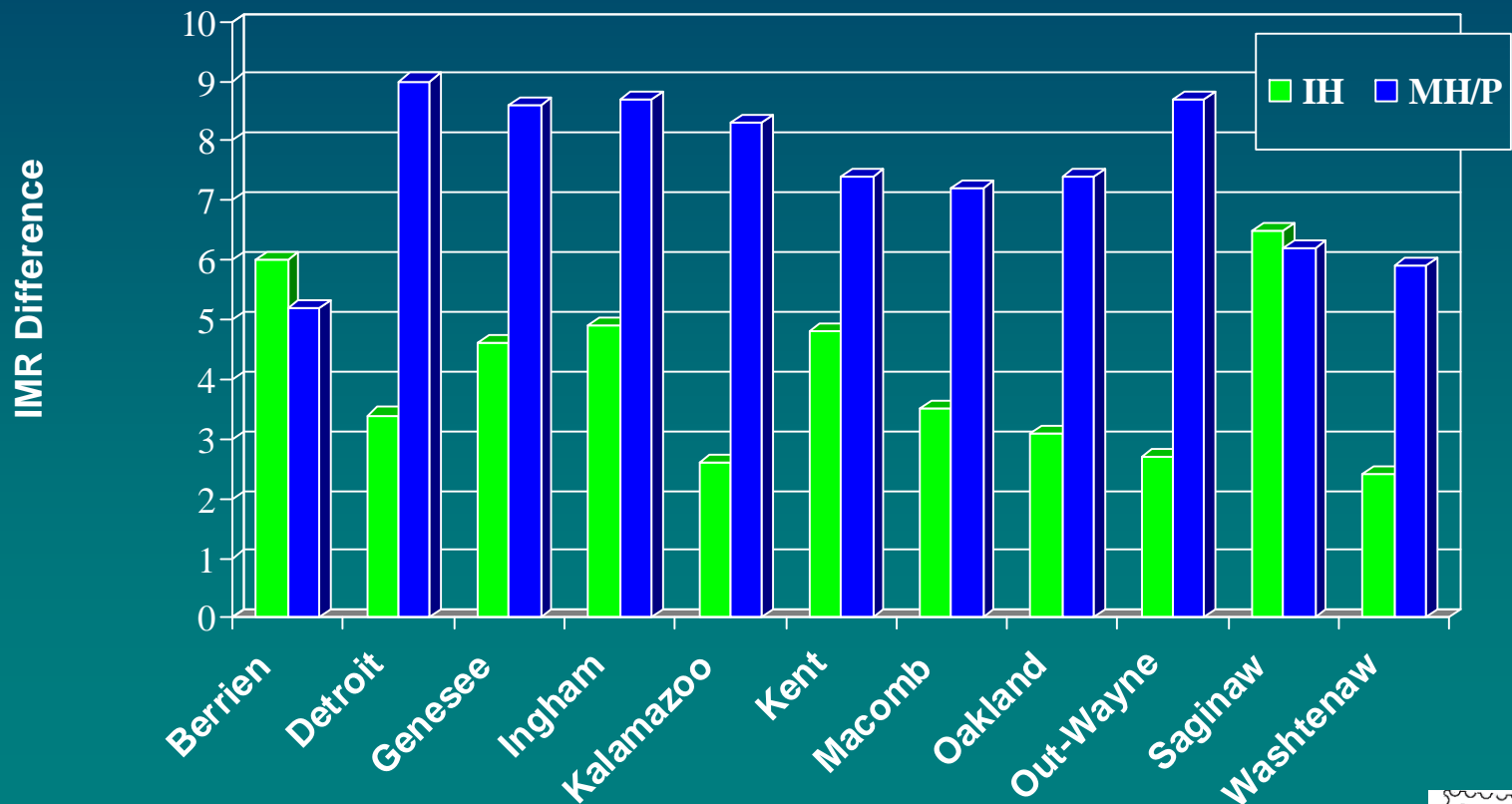


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# Fetal death predicts *Maternal Health*; PNN death predicts *Infant Health*

11  
Communities  
with  
High  
Black  
IMR



PPOR: Black IMR compared to reference group

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# Voices of the Women

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- Preconception health and concept of *planning* as related to pregnancy is not well understood.
- An understanding of pregnancy experiences of African American women are needed to make changes in the health care system to support better outcomes.

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# Voices of the Women

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- Affective and behavioral needs of women must be incorporated in preconception care.
- Planning a pregnancy is in the control of both the woman and the man.
- Strengthen cultural commitment of healthcare professionals through partnerships, advocacy, and information.

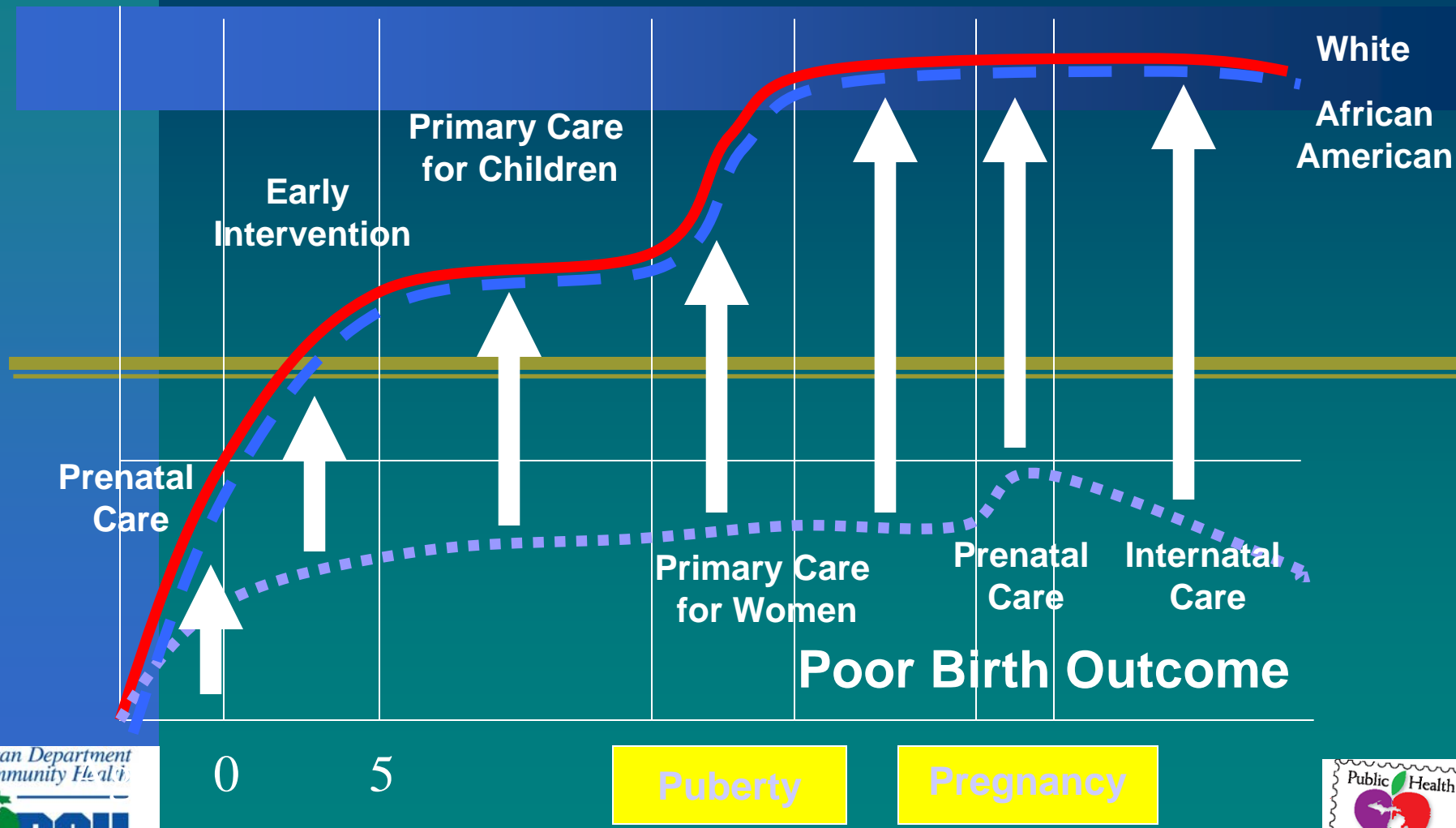
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# LCHD: AA/White Birth Outcomes



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Puberty

Pregnancy



# Primary Goals for Reducing Infant Mortality

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- Improve maternal preconception health
- Improve access to healthcare for mothers and infants
- Improve infant health and safety
- Eliminate the racial disparity in infant mortality rates

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# Michigan Interconception Care Program

- Identify 25 women with a poor pregnancy outcome
  - Hospital discharge
  - Other health department programs.
- Nursing/medical/genetic risk assessment
- Provide grief support if indicated
- Nurse case management up to 24 months
- Contraception access
- Promote 18 month inter-pregnancy interval
- Access to a medical home
  - Chronic disease management
  - Target obesity, substance use, mental health

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# Steps to Program Development

- Goals of Local Coalitions
  - Raise awareness of life course health perspective w/ key stakeholders
  - Identify access and service system barriers
  - Identify needed prevention, primary care and support activities and services
  - Develop, implement, evaluate a community-wide action plan

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# Developing Partnerships

- Division of Chronic Disease
- Early Childhood Investment Corporation
- Children's Special Health Care Services
- Southeast Michigan Regional Infant Mortality Task Force
- Office of Drug Control Policy
- WIC; Healthy Start; NFP; FIMR

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# Project Planning

- **What was good about the plan?**
  - Logical path from data to action
  - Phased approach
  - Evidence based intervention
- **What was missing from the plan?**
  - Local buy-in for life-course approach
  - Specific protocol for the home visiting
  - Mandated training
- **Was the plan realistic?**
  - Time to make this change was limited
  - Funding was not guaranteed
- **Key areas for improvement:**
  - Use feedback from data collection to modify approach
  - Look for better agreements for recruitment

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# Outcome Indicators

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- Preterm births
- Low birth weight
- Unintended pregnancy rate
- Family planning access
- Inter-gestation timeframes

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# Preliminary Data

## ■ Index Pregnancy Outcome

N=104

- 15 (14%) fetal deaths
- 9 (9%) neonatal deaths
- 62 (60%) preterm births
- 14 (14%) miscarriages

## ■ Characteristics of women

- 22.7 mean age (14 <18 yrs)
- 75 (72%) African American
- 60 (71%) High School education
- 21 (20%) married
- 76 (84%) Medicaid eligible

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# Preliminary Data

- Index Pregnancy Information
  - 1698 g mean birth weight
  - 27.5 wks mean Gestation Age
  - 52 (54%) NICU adm
  - 4.9 mean # PNC visits
  - 54 (79%) PNC 1<sup>st</sup> trimester
- Recruitment sources:
  - MIHP, FIMR, Healthy Start, SIDS Program, Early On, WIC
  - Hospital social worker
  - Birth certificates
  - flyers

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# More Action Needed

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- Identify at-risk women and intervene in WIC, MIHP, Family Planning, etc.
- Revise program policy to include preconception health promotion.
- Target women eligible for Medicaid.
- Provide training for program staff and private providers on life-course perspective and preconception.

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